MEDICAL JURISPRUDENCE AND POLICE.

55. *Action of Iodide of Lead.*—The soluble compounds of iodine are poisonous, while those which are insoluble, or little soluble, are less deteriorating to the animal frame. Anxious to know the effect of the yellow iodide of lead, M. Paton administered 12 grains to a cat of moderate size. In 4 hours the animal did not seem to experience any inconvenience: then 12 other grains were given; in 12 hours the animal became uneasy, and constantly refused every kind of food. It appeared to suffer in the kidneys; latterly it was attacked with violent colic, which caused it to jump up to great heights. It died 3 days after taking the poison, suffering dreadfully. The autopsy made 12 hours after, detected no trace of irritation; the lungs were of a pale rose colour; the stomach was empty, and contained a lumbricus; a yellow spot was observed at the pylorus; the intestines, which contained very little matter, were occupied by 3 tœniæ. Paton examined the interior of the stomach chemically, but was unable to detect any poison. He collected the fæces, the matter in the intestines; no fragment of the iodide was visible. They were then boiled in distilled water, the liquid filtered and decolorized by charcoal, but no effect was produced by tests for lead. The matter remaining in the filter was digested in dilute nitric acid; the solution was filtered; a precipitate was obtained on pouring in a solution of chromate of potash. The liquid was evaporated; the residue calcined along with what was left by the evaporation of the water, and the whole brought in contact with dilute nitric acid. Nitrous gas was disengaged, and the solution acted to re-agents like the solution of the salts of lead. Hence Paton concludes, that the iodide of lead introduced into the stomach is partly absorbed, and that it is this portion which produces death, and the remainder passing into the intestines may be detected by the methods described.—*B. Ann. Med., March* 3*d*, 1837, and *Journ. de Chimie Méd.* Jan. 1837.

56. *Mode of detecting Arsenic in Bread.*—M. Paton, who has been examining this subject, recommends crumbling the bread, digesting it in hot water for half an hour, filtering, adding then an infusion of galls made in the cold; the solution is filtered, and the clear liquor tested for the arsenious acid.—*B. Ann. of Med.* Feb. 24, 1837.

57. *Poisoning with muriate of Baryta.* The following rare case of fatal poisoning with muriate of baryta is related by Dr. Wach of Merseburg in Henke's *Zeitschrift für die Staatsarzneikunde* for 1835. The wife of a manufacturing chemist, æt. 42, in the absence of her master took half an ounce of powdered muriate of baryta, mistaking it for glauber salts, and having dissolved it in warm water swallowed the whole at once. Soon after she was seized with nausea, retching, twitching of the facial muscles, and convulsive twitching of the hands and feet, to which succeeded a violent vomiting of a muco-aqueous fluid, which the servant in attendance threw away. These symptoms continued with increasing severity, the twitching of the face and of all the limbs grew rapidly worse, and, before the nearest physician had arrived, she expired under the most violent convulsions, scarcely two hours from the time of taking the salt.

Sectio cadaveris.—The body was rather fat, the mouth rather closed, the features were distorted, and the fingers spasmodically contracted—abdomen and præcordia sunk. In the cavity of the abdomen the great and the small omentum unusually red, their vessels being filled with blood, the stomach contracted, and the vasa brevia turgid with blood—the peritoneal coat of the stomach of a dark brown colour and much inflamed. At the distance of 3½ inches (Parisian measure), from the cardiac orifice, and 9 lines from the smaller curvature on the posterior wall, there was a perforation of the coats of the stomach of an oval form, and measuring three lines in diameter on the external surface, and 7½ on the inner. The edges were very much swollen, and the mucous membrane for the space of two inches around was thickened and covered, not with pus, but a bloody mucus. The entire mucous membrane of the stomach was highly inflamed, and covered with mucous and coagulated blood. The muscular coat, with the exception of the place where the perforation existed, was no where softened or at-

tenuated, but in a normal state. The cardia and pylorus, the duodenum, jejunum, and ilium, were all in a high state of inflammation, the mucous membrane softened, thickened, and smeared with a bloody mucus. The small intestines contained several ounces of a brownish-red slimy fluid, mingled with clotted blood. The colon throughout its entire length was morbidly contracted, so that its calibre was even one-third less than that of the small intestine. Many broad ecchymosed patches, from half an inch to an inch in length, were observed on its inner surface. The pharynx and œsophagus were slightly inflamed. The convex surface of the liver adhered throughout to the diaphragm, and the blood flowing from incisions in this organ and in the spleen was thick and of a very dark colour. In the gall-bladder was a pale-yellow gall-stone of the size of a hazel-nut; the gall itself pale-yellow and watery. In the uterus were many little clots of coagulated blood, the blood-vessels of the ovaries turgid, the external and internal parts of generation in the virginal state. The lungs and brain were congested with thick black blood.

Dr. Wach observes that the adhesions between the liver and diaphragm, the gall-stone, the morbid condition of the gall, and the contracted state of the large intestine, in all probability existed at the time the poison was taken, and that the appearances in the uterus and ovaries might be dependent on the menstrual discharge; but, he adds, all the other morbid changes, including the perforation of the stomach, were certainly occasioned by the irritant action of the poison.—*Medico-Chirurg. Review*, Jan. 1837.

EPIDEMICS—INFLUENZA.

58. *Influenza.*—Our readers have, of course, learned through the newspapers of the prevalence in Great Britian and France during the past winter, of an Influenza, though we believe that no account from professional sources has as yet been published in this country. This epidemic commenced in London about the 1st of January, and prevailed during the whole of that and the greater part of the succeeding month. A very large proportion of the population were attacked by it, and the mortality was considerable. As in all probability it will reach this country, we have carefully gleaned from our Journals every thing in relation to it of interest which they contain, in order to satisfy the curiosity which we are sure our readers must feel for information on the subject.

59. *Debate in the London Medical Society relative to the Influenza.* January 30, 1837.—Dr. Clutterbuck this evening presented to the Society a paper on the present epidemic. After speaking of the great interest attaching to the subject, the author remarked that epidemics of this kind had been known for about 300 years, and that there had probably been many before, not recorded, though it was likely that their history would be of little benefit as affording precedents for the treatment of the present general catarrh, since all epidemics were more or less modified by circumstances. In the present epidemic the great outline of symptoms was strikingly similar in the generality of cases, though variations existed in particular instances. It generally commenced with a chill, followed by rigors, then heat and dryness of the skin, sneezing, lachrymation, and pains in the head, back, and limbs, with a frequent and small pulse, white tongue, and watchfulness. It bore in many particulars a strong likeness to the measles, and the author had occasionally expected to see the eruption of that disease in cases which occurred in children, but of course he did not detect it. In some patients there was sore throat; in more severe ones, vomiting and delirium; and in one case he had seen actual phrenitis. The symptoms, however, were, generally, slight and trivial, like those of common catarrh, generally lasting ten or twelve days. If the bed was kept for a couple of days a perspiration broke out, and the case went on well. The nature of the disease, he should say, was specific, arising from a specific cause,—using the word *specific* to distinguish it from common disease—taking on all the characters of ordinary catarrh, with the addition of cerebral disease. We were ignorant of the cause of the disease, but it was evidently, directly or indirectly, connected with atmospheric changes; but whether resulting from a phy-